

AMERICAN BURYING BEETLE RELOCATION DATA FORM

Release Location Data Date*:_____ State:___ County:_____ Landowner_____
D/ M/ Y

Handler(s):_____ Endangered Species Permit # _____

General Location: _____
(state mngt area, refuge, etc)

Vegetation Type: _____ Primary Soil Type: _____
(Prairie, woodland, forest, pasture, etc) (Refer to County Soil Survey)

Temp: Min* _____ Max* _____ °F Wind*: _____ mph Cloud Cover*: _____ %

Time*	Male	Female	Tag #*	Latitude and Longitude in Decimal Degrees**	Legal Description	Death (Y/N)

**Reference coordinate system used (NAD 27, NAD83, etc) _____

Total translocated to this site during current year by your agency _____

Combined total translocated to this site from all years by your agency _____

Capture Location Data Date:_____ State:_____ County:_____ Landowner_____
D/ M/ Y

Handler(s):_____ General Location: _____

*Max/Min temp for previous 24-hour period; other weather data refer to current conditions. Date and time refer to when trap checked. Tag # refers to number and color of bee tag.

Updated 6/2003